

**DEPARTMENT OF MENTAL HEALTH  
LICENSING DIVISION**

**Report of Incident Occurring within 30 Days of Discharge**

Facility Name: \_\_\_\_\_ Incident Date: \_\_\_\_\_

Reporting Person: \_\_\_\_\_ Title: \_\_\_\_\_

Date Reported: \_\_\_\_\_

Client Name: \_\_\_\_\_ Date of Birth and Age: \_\_\_\_\_

Admission Date: \_\_\_\_\_ Discharge Date: \_\_\_\_\_ DMH Client: Y  N

How the facility was notified of the incident: \_\_\_\_\_

By whom, if known: \_\_\_\_\_

Date Notified: \_\_\_\_\_

**Description of Incident:** \_\_\_\_\_

Did discharge result from submission of a 3-day notice? Y  N

Medical Examiner Case Y  N  N/A

**Psychiatric Condition/Treatment during Hospitalization**

Diagnoses (please note if diagnoses at discharge is different): \_\_\_\_\_

Medication Names & Dosages: \_\_\_\_\_

Psychiatric and/or Substance Use Treatment during Hospitalization (Groups/Family Work, ECT, Individual Therapy, etc): \_\_\_\_\_

Consults: \_\_\_\_\_

**Medical Condition/Treatment during Hospitalization**

Diagnoses (please note if diagnoses at discharge is different): \_\_\_\_\_

Medication Names & Dosages: \_\_\_\_\_

Medical Treatments: \_\_\_\_\_

Consults: \_\_\_\_\_

**Review and Findings:** \_\_\_\_\_